## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1. 2000

Application or Docket Number 00151457

| CLAIMS AS FILED - PART I<br>(Column 1)   |   |   |                      |                      |  | (Column 2)       |       | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN OR SMALL ENTITY |                        |
|--|---|---|----------------------|----------------------|--|------------------|-------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 18                   |                      |  |                  |       | RATE                | FEE                    |       | RATE                       | FEE                    |
| FOR  |   |   | NUMBER FILED         |                      | NUMBER EXTRA                             |                  |       | BASIC FEE           | 355.00                 | OR    | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | / <b>∦</b> minus 20= |                      | . \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{ |                  |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |   |   | 2_minus 3 =          |                      | . \( \infty \)                           |                  | ,     | X40=                |                        | OR    | X80=                       |                        |
| MU   | LTIPLE DEPENI   | DENT CLAIM P                              | -                    |                      |  |                  | +135= |                     | OR                     | +270= |                            |                        |
| * If the difference in column 1 is less than zero, enter                             |   |   |                      |                      | r "0" in c                               | olumn 2          | l     | TOTAL               |                        | OR    | TOTAL                      | 710.0                  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)                        |   |   |                      |                      |  |                  |       | OTHER THA           |                        |       |                            |                        |
| ENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total   | *   | Minus                | **                   |  | =                |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
| ME   | Independent   | *   | Minus                |                      |  | =                |       | X40=                |                        | OR    | X80=                       |                        |
|  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEP          | ENDEN                | CLAIM                                    |                  | ]     | +135=               |                        | OR    | +270=                      |                        |
|  |   |   |                      |                      |  |                  |       | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                      |                      |  |                  |       |                     |                        |       |                            |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | NUM<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR          | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | . 19                                      | Minus                |                      | <del>2</del> 0_                          | =67              |       | X\$ 9=              |                        | OR    | X\$18=                     | Ì                      |
|  | Independent   | NTATION OF M                              | Minus                | ***                  | <u>Q</u>                                 |                  | 4     | X40=                |                        | OR    | X80=                       |                        |
| <u>L</u>   | THINST PHESE  | NTAHON OF IV                              | OLIFEE DEF           | CINDLIA              | T CLAIV                                  |                  | لـ    | +135=               |                        | OR    | +270=                      |                        |
|  |   |   |                      |                      |  |                  |       | TOTAL<br>ADDIT FEE  |                        | OR    | TÖTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                      |                      |  |                  |       |                     |                        | _     |                            |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | NUI<br>PREV          | MBER<br>MBER<br>MOUSLY<br>D FOR          | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                | **                   |  | =                |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|  | Independent   | *   | Minus                | ***                  | 17 01 11                                 | =                | 4     | X40=                |                        | OR    | X80=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT C  |   |                      |                      |  | 1                | L     | +135=               |                        | OR    | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3 |   |   |                      |                      |  |                  |       |                     |                        | ┨     | TOTAL                      |                        |
| :  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" |   |                      |                      |  |                  |       |                     |                        |       |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1